



Gilbert Public Schools
Nutrition Services Department
 Special Dietary Needs Form



The attached form is required for any menu substitutions or accommodations due to special dietary needs and must be signed by a recognized medical authority (Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.)

Students with Disabilities

USDA regulations require that substitutions or modifications be made in school meals for children whose disabilities restrict their diets. Food allergies that are life-threatening (resulting in anaphylactic reactions) are defined as a disability under Section 504 of the Rehabilitation Act.

Students with Non-Life Threatening Food or Other Special Dietary Needs

The Gilbert Public Schools Nutrition Services Department may make substitutions at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Gilbert Public Schools Nutrition Services Department will accommodate any reasonable request for students without a disability. However, schools are not required to make dietary modifications for children unless they have a disability. Determinations regarding dietary modifications will be made on a case-by-case basis by a Registered Dietitian employed by the Gilbert Public Schools Nutrition Services Department.

Instructions for Completing the Dietary Needs Form

Part 1 (to be filled out by parent or guardian)

Name of student: Enter the student's first and last name.

be omitted.

Special Considerations: List any special considerations that affect the child's diet.

Please check: Place a check mark next to the corresponding line for the child's condition - (life-threatening managed by child with moderate supervision, self-controlled by the child).

Medical Authority: Print the name, address, and phone number of the medical authority completing the form.

Medical Authority Signature: Signature of (Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians) filling out the form and the date signed.

****PLEASE NOTE****

Please plan to send a lunch with your student until you receive verification that the special diet request has been reviewed and accommodations can be made. Our department will contact you as soon as possible.

For more information, please contact Nutrition Services at 480-497-3482.

This institution is an equal opportunity provider.



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Please return completed form to:

Gilbert Public Schools Nutrition Services Department/Food Supervisor
140 South Gilbert Road, Gilbert, AZ 85226

URS RII FRP Sr. CW in Cd. Rev. Pt@gilbertschools.net

Gilbert Public Schools Nutrition Services
Special Dietary Needs Form

Part I (to be filled out by parent or guardian):

Child's name: _____ School: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Part II (to be filled out by the medical authority) (Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.):

Please complete the following for the above child. List foods that should be omitted from the diet and any foods or types of foods that may be substituted. If there are any special considerations needed for meal service, please list them in the space provided below.

Diagnosis requiring diet modifications:

Foods to be omitted from child's diet:

Foods to be substituted:

Special considerations:

Please one of the following:

- Life threatening
- Managed by child with moderate supervision
- Self-controlled by child

Medical Authority Contact Information:

Name: _____ Phone: _____

Address: _____

Medical Authority's Signature: _____ Date: _____